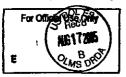
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U . 9347	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3 Name and address of person filing.	4 Name, file number, and address of tabor organization.
Name Joseph   Foner	Name Iron Workers Local No. 15
	Labor Organization File Number 033-302
P O. Box, Bldg , Room No . If any   Qnit 1B	P O. Box, Building and Room Number, if any
Street 16 Seymour Road	Street 20-28 Sargeant Street, 3rd Ploor
City Rast Granby	Chy Hartford
State Connecticut ZIP Code +4 06026	State Connecticut ZIP Code + 4 06105
5. Position in labor organization.  Bsulness Agent	
A. Held an interest in, engaged in transactions (including loans) with, or	clusions set forth in the instructions):  or derived income or other economic benefit of
monetary value from an employer whose employees your organiza	rtion represents or is actively seeking to represent.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction, or Income.
	ition represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any)	ition represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if amy)  Name	rition represents or is actively seeking to represent.  7 a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if amy)  Name  Trade Name, if any	ition represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bidg., Room No., if any	7 a. Nature of Interest, Transaction, or Income.
8. Name and address of Employer (Including trade name, if amy)  Name  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street	rition represents or is actively seeking to represent.  7 a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if amy)  Name  Trade Name, if amy  P.O. Box, Bidg., Room No., if amy  Street  ZIP Code +4	7 a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street  ZIP Code +4  SI  15. Signature and verification. The undersigned declares, under penalty	rition represents or is actively seeking to represent.  7 a. Nature of interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  gnature of Perjusy and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the
8. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street  ZiP Code + 4  Si  15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompandersigned's logowledge and belief, true, correct, and complete. (See the	7 a. Nature of interest, Transaction, or Income.  7.b. Amount.  8.c. Amount.  9.c. Amo

Name of Person Filing Joseph Toner		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irecity to, or otherwise	<b>3</b>	
8. Name and address of Business (including trade name, if any).  Name Iron Workers 15 & 424 Pension Pund  Trade Name, if any  P O. Box, Bidg , Room No., if any  Street 300 Research Parkway, Suite 301  City Meriden  State Connecticut ZIP Code + 4 06450	Business deals with  a. Labor Organizat  b. Trust  c. Employer  11 a. Nature of such deals		
10. If 9.b. or 9.c. is checked give trust or employer's name.	Union Trustee - Ir		ls 15 & 424
Name Iron Workers 15 & 424 Pension Fund  Trade Name, if any P O. Box, Bldg., Room No., if any	Pension Fund	on workers have	
Street 300 Research Parkway, Suite 301	11.b. Approximate dollar valu	e of such dealing.	NA
City Meriden	12.a. Nature of interest hek	<del></del>	1
State Connecticut ZIP Code + 4 06450	I.F.E.B.P. Annual hotel, daily expenses related the year I.F.E.B.P. Annual	se - November 20 o Board of Trust	04 ees meetings for
	12 b Amount.		\$3,015
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	14.a. Nature of payment.	and advantagement interferent and their memberships between their	AND IN THE PROPERTY OF THE PRO
Name			1
Trade Name, if any:			1
P O. Box, Bldg , Room No , If any Street City	- Turner and the state of the s		the of the state o
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant 7	14 b. Amount of payment.		(

Name of Person Filing Joseph Toner File Number U-	

8 Name and address of Business (Including trade name, if any)  Name Iron Workers 15 & 424 Extended Benefit Fund  Trade Name, if any  P.O. Box, Bidg , Room No., if any  Street 300 Research Parkway , Suite 301	9 Business deals with.  a Labor Organization  b. Trust  c. Employer	
City Meriden		
State Connecticut ZIP Code + 4 06450		
10 If 9.b. or 9 c. is checked give trust or employer's name.	11.a. Nature of such dealing.	-
Name Iron Workers 15 & 424 Extended Benefit Pund, Trade Name, If any	Union Trustee - Iron Workers' Loca Extended Benefit Pund	ls 15 6 424
P.O Box, Bldg., Room No., if any Street 300 Research Parkway, Suite 361		n er
City Meriden		
State Connecticut ZIP Code + 4 06450	11.b Approximate dollar value of such dealing.	NA
	12.a. Nature of interest held or income received.	) Market
	I.F.B.B.P. Annual Conference regis hotel, daily expense - Hovember 20 Expenses related to Board of Trust	04
	the year I.P.E.B.P. Annual Conference Regis	tration - Now 05
		- 1944 · V3
	12.b Amount.	\$3,371

Name of Person Filing Joseph	Toner	File Number U-	1-1-1-1

8 Name and address of Business (including trade name, if any).	9 Business deals with.	
Name Iron Workers' 15 & 424 Annuity Fund	a. Labor Organization	
Trade Name, if any.	kumik "	
P.O Box, Bldg., Room No., If any	b Trust	i
Street 300 Raearch Parkway, Suite 301	c. Employer	
City Meriden		
State Connecticut ZIP Code + 4 06450	· ·	
10. If 9.b. or 9 c. is checked give trust or employer's name.	11 a Nature of such dealing	
Name Iron Workers' 15 & 424 Annuity Fund	Union Trustee - Iron Workers' Local	ls 15 & 424
Trade Name, if any	1	
PO Box, Bldg Room No., of any		,
Street 300 Recarch Parkway, Suite 301	1	
Can communication with Psychophic gap glypage. Fire and no recoverable to the state of the state		
City	Language and the second	
State Connecticut ZIP Code + 4 06450	11.b Approximate dollar value of such dealing.	N/A
	12.a Nature of interest held or income received.	
	I.F.E.B.P. Annual Conference regis hotel, daily expense - Movember 20	
	Expenses related to Board of Trust the year	ees meetings for
	I.F.E.B.P. Annual Conference Regis	tration - Nov. 05
	4	T., ATRIANCES
	12.b Amount.	\$2,483

Name of Person Filing Joseph Toner F	File Number U-
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8. Name and address of Business (including trade name, if any)	9 Business deals with:	
Name Iron Workers' 15 & 424 Apprentice Training	a. Labor Organization	
Trade Name, if any		
P O Box, Bidg., Room No , if any	b. Trust	
Street 300 Research Parkway, Suite 301	c. Employer	
Chy Heriden		
State Connecticut ZIP Code + 4 06450		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	The production of appropriate desired and appropriate and appr
Name Iron Workers' 15 & 424 Apprentice Training	Union Trustee - Iron Workers' Loca Apprentice Training Fund	ls 15 & 424
Trade Name, if any:		
P.O Box, Bldg., Room No., If any		
Street 300 Research Parkway, Suite 301		
Chy Meriden		
State Connecticut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	ŊA
	12 a Nature of Interest held or income received.	*
	Apprentice Graduation Dinner - Jun	e 2004
	Educational Conference, registrati hotel, daily expenses - September	on, airfare, 2004
		į
		<u></u>
	12.b Amount.	\$2,022

Name of Person Filing Joseph	Toner	:	File Number U-	

8. Name and address of Business (including trade name, if any)	9 Business deals with.	
Name Iron Workers District Council of ME - LMCT	a. Labor Organization	
Trade Name, if any:	(E.S.)	•
P O. Box, Bidg , Room No , If any PO Box 96	b Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		
State Massachusetts ZIP Code + 4 :02127		
10. If 9.b or 9 c. is checked give trust or employer's name	11 a. Nature of such dealing	
Name	Member of the district council	7
Trade Name, If any	TALL TO THE PARTY OF THE PARTY	
FIGURE PICE IN CITY		,
P O. Box, Bldg , Room No., if any		
Street		
City		1 3 3
The plant of the p		
State ZIP Code + 4	11 b. Approximate dollar value of such dealing	N/A (
	12 a Nature of interest held or income received	a material service due les administrations encadables despet
	Annual IMP Conference hotel and par January 2004	king expenses -
	International Business Agent Meetin dinner meeting costs - February 200	g lunch and
	denies meeting coses - residency 200	•
		Table and the second se
		ţ
		, 1 4 4
	12.b Amount	\$566

		 <del>,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			 
Name of Person Filing Joseph	Toner		File	e Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)	9. Business deals with	
Name NWQ Investment Management  Trade Name, if any  P O Box, Bidg., Room No., if any  Street 15 South Fifth Street  Chy Minecapolis  State Minnesota ZIP Code + 4   55402	a. Labor Organization  b. Trust  c. Employer	
10 If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name iron Workers Local 15 & 424 Pension Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 300 Research Parkway, Suite 301  City Mariden	** - reference Porm 5500, Schedule	a C
State Connect icut ZIP Code + 4 06450	11.b. Approximate dollar value of such dealing.	**
	12.a. Nature of interest held or income received	
	Golf Outing - December 2004	
	12.b Amount.	\$160

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